

Petitioner <i>(Person Seeking Protection Order)</i> ,	)	<b>Case No.</b> _____
vs.	)	SWORN PETITION FOR PROTECTION ORDER
Respondent <i>(Person You Want Restrained)</i> .	)	

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I live with the Respondent at \_\_\_\_\_

Our home is rented or owned    by both of us    by me    by the Respondent.

I have left a residence where I lived with the Respondent. I want to return    yes    no    If yes,    to live  
to get personal belongings    Other \_\_\_\_\_

A business is run from the home. Type of business: \_\_\_\_\_  
\_\_\_\_\_ The business is run    by me    by the Respondent    by both of us.

#### 4. Child/ren affected by the protection order

I am the natural/adoptive parent or legal guardian of the following child/ren:

Name (First, Middle Initial, Last)	Birth Date	Sex	How Child is Related to Petitioner    Respondent		State(s) where child lived last 6 months

During the last six (6) months the child/ren have lived with \_\_\_\_\_

**5. Other court cases** List any other court cases relating to the minor child/ren who will be affected by this protection order (*divorce, child protection, guardianship, adoption, other protection order, etc.*)

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I have applied for a protection order(s) before in the county of \_\_\_\_\_ on (date) \_\_\_\_\_  
\_\_\_\_\_, against (name) \_\_\_\_\_

The Respondent has applied for a protection order(s) before in the county of \_\_\_\_\_  
on (date) \_\_\_\_\_, against (name) \_\_\_\_\_

The Respondent has been involved in crimes involving violence, child abuse, weapons, drugs or alcohol.  
(If checked, please describe what the charges were, when and where they were filed and convictions) \_\_\_\_\_

I have been involved in crimes involving violence, child abuse, weapons, drugs or alcohol. (If checked, please  
describe what the charges were, when and where they were filed and convictions) \_\_\_\_\_

## 6. Information about the violence-

*Domestic violence means physical injury, sexual abuse or forced imprisonment or threat thereof.*

**a. Please describe the most recent acts or threats of domestic violence committed by the Respondent against you or the minor child/ren.**

When? (date and time) \_\_\_\_\_

Where? (address or general location) \_\_\_\_\_

Who was present? (minor children, friends, family, etc) \_\_\_\_\_

What happened? \_\_\_\_\_

***Do not write on the back of this page. Include a separate sheet if you need more room.***

Was a weapon involved?    No      Yes      How? \_\_\_\_\_

Describe any injuries. \_\_\_\_\_

Is there anything else you want the judge to know about what happened? \_\_\_\_\_

**b. Please describe past acts or threats of domestic violence:** \_\_\_\_\_

*Do not write on the back of this page. Include a separate sheet if you need more room.*

**7: I ask the Court to order the following:**

**A. Personal Conduct Order.**

The Respondent shall not harass, annoy, disturb the peace of, telephone, contact, or otherwise communicate with (either directly or indirectly, in person or through any other person) the Petitioner minor on whose behalf the petition is brought minor child/ren residing in the Petitioner's household.

**B. Stay Away Order.** The Respondent shall at all times stay away from:

My residence at \_\_\_\_\_

No address is given because I do not want my address on this petition.

Protected Minor's residence at: \_\_\_\_\_

My workplace and/or school at: \_\_\_\_\_

Protected Minor's workplace and/or school at: \_\_\_\_\_

My child/ren's school and/or childcare at: \_\_\_\_\_

Other: \_\_\_\_\_

**C. Move-out Order.** The Respondent shall move from the residence at \_\_\_\_\_

\_\_\_\_\_ and take from the dwelling only items needed for employment and necessary personal effects (at peace officer's discretion).

D. **Child Custody.** Temporary custody of the minor child/ren named in Section 4 above, be awarded to:  
me Respondent. The other parent should have:

Visitation as follows *(list specific days and times)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Neutral drop off and pick up location at \_\_\_\_\_

Transportation provided by \_\_\_\_\_

Supervised visitation, why and supervised by whom \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No visitation.

E. **Treatment/Counseling.** That the Respondent be ordered to participate in treatment or counseling  
services for *(purpose)* \_\_\_\_\_

F. **Other relief requested:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I SWEAR UNDER OATH OR AFFIRM I HAVE READ THIS APPLICATION, OR HAVE HAD IT READ TO ME,  
AND THE FACTS STATED IN THIS APPLICATION ARE TRUE.

**INTENTIONALLY PROVIDING FALSE INFORMATION IS A CRIME.**

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Petitioner

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Clerk of the District Court

By \_\_\_\_\_

Deputy Clerk